## Case 17-17567-ref Doc 17 Filed 07/10/18 Entered 07/10/18 11:42:16 Desc Main Document Page 1 of 2

Fill in this information to identify your case:	
Debtor 1 Helen Viola Baron	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
Case number 17-17567	Check if this is:
(If known)	■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I	MM / DD/ YYYY

## Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe Employment								
1. Fill in yo	our employment tion.		Debtor 1		Debtor 2 or non-filing spouse				
If you ha	ve more than one job,		■ Emplo	yed	☐ Employed				
informati	attach a separate page with information about additional	Employment status	☐ Not em	nployed	☐ Not employed				
employe	rs.		Patient A	Account					
Include p	part-time, seasonal, or	Occupation	Represe	ntative					
self-emp	loyed work.	Employer's name	name The Horsham Clinic						
•	ion may include student		722 E. Butler Pike Ambler, PA 19002						
or home	maker, if it applies.	Employer's address							
		How long employed the	ere?	2 years, 6 months					
Part 2:	Give Details About Mon	thly Income							

Ove Detaile / Ibeat monthly meente

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,540.51 \$ N/A

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ N/A

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 3,540.51 \$ N/A

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Debt	or 1	Helen Viola Baron	Case number (if known)		n)	17-17567			
					For Debtor 1			Debtor 2 or filing spouse	
	Сор	y line 4 here	4.		\$ 3,540.5	1	\$	N/A	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a		\$827.8	8	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$0.0		\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c		\$ 0.0	_	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d		\$ 0.0		\$	N/A	
	5e.	Insurance	5e		\$ 214.6		\$	N/A	
	5f. 5g.	Domestic support obligations Union dues	5f.		\$ 0.0 \$ 0.0	_	\$	N/A	
	5y. 5h.	Other deductions. Specify: SLF	5g 5h		\$ 0.0 \$ 58.5		· —	N/A N/A	
	JII.	STD STD	_ "		\$ 38.7		΄ 🖫	N/A	
_			_				· : —		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 1,139.8		\$	N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 2,400.6	9	\$	N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
	01	monthly net income.	8a		\$ 0.0		\$	N/A	
	8b.	Interest and dividends	8b	).	\$ 0.0	0	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c		\$0.0		\$	N/A	
	8d.	Unemployment compensation	8d		\$ 0.0		\$	N/A	
	8e.	Social Security	8e	<del>)</del> .	\$	0	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0.0	0	\$	N/A	
	8g.	Pension or retirement income	_ 8g	J.	\$ 0.0	0	\$	N/A	
	8h.	Other monthly income. Specify: Tax refund	8h	1.+	\$ 227.9	1	+ \$	N/A	
		Family contribution			\$ 400.0	0	\$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	627.9	)1	\$	N/A	
10.		•	10.	\$_	3,028.60 +	\$_		N/A = \$	3,028.60
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L						
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe					chedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies						12. \$ Combin	
13.	Dov	you expect an increase or decrease within the year after you file this form?	?					monthly	income
		No.	-						
		Yes. Explain:							